



District of Columbia
Office of the State Superintendent of Education (OSSE)
Wellness and Nutrition Services Division

***SCHOOL PROGRAMS
RENEWAL APPLICATION
SY 2014- 2015***

Wellness and Nutrition Services

The Wellness and Nutrition Services division ensures that children and families receive year-round access to well-balanced meals by providing federal reimbursements, training, and nutrition education to providers. Wellness and Nutrition Services assists providers in maintaining a high level of compliance with U.S. Department of Agriculture rules and regulations so they can improve the overall health and learning potential of District residents who are at risk for hunger.

School Programs

Mission

To provide food and nutrition services to all schools, children and families in the District of Columbia using technology and resources so that all may be provided with healthy, well balanced, nutritious meals.

Vision

Our vision is to aid families and students ensuring that each child receives a nutritious meal every day and no one go hungry.

The Special Milk Program (SMP)

The Special Milk Program (SMP) provides financial reimbursement for each half-pint carton of milk served to children enrolled in schools, childcare institutions, and eligible camps that do not participate in other Federal child nutrition meal service programs. Children are served pasteurized unflavored or flavored whole milk, low fat milk, and skim milk that meet State and local standards and contain vitamins A and D, at levels approved by the Food and Drug Administration. Providers must operate their milk programs on a non-profit basis and must agree to use the Federal reimbursement to reduce the selling price of milk to all children.

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Application Instructions

1. Please read and answer all applicable application questions in full.
2. Refer to the Supporting Documents Section and Special Milk Program Checklist to determine which documents will be needed to accompany your Special Milk Program application. Sign and date all documents needing original signatures. Please provide legible copies of required documents.
3. Submit one original copy of the entire application and all required supporting documents. Deliver the completed application along with the required supporting documents to:

Office of the State Superintendent of Education
Wellness and Nutrition Services Department
810 First Street, NE
4th Floor
Washington, DC 20002
Phone: 202-727-2824
www.osse.dc.gov

4. Please keep a copy of the entire application and supporting documents for your records. All federal program records must be maintained for three years, plus the current year or longer if related to an audit or investigation in progress. If you have questions about the Special Milk Program or application, please contact the Office of the State Superintendent of Education at (202) 727-2824.

In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

If you require this information on this poster in an alternative format (Braille, large print, audiotope, etc.), contact the USDA's TARGET Center at (202) 720-2600 (Voice or TDD).

If you require information about this program, activity, or facility in a language other than English, contact the USDA agency responsible for the program or activity, or any USDA office.

To file a complaint alleging discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call, toll free, (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

Also, the District of Columbia Human Rights Act, approved December 13, 1977 (DC Law 2-38; DC Official Code §2-1402.11(2006), as amended) States the following:

Pertinent section of DC Code § 2-1402.11:

It shall be an unlawful discriminatory practice to do any of the following acts, wholly or partially for a discriminatory reason based upon the actual or perceived: race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, family responsibilities, genetic information, disability, matriculation, or political affiliation of any individual. To file a complaint alleging discrimination on one of these bases, please contact the District of Columbia's Office of Human Rights at (202) 727-3545.

Special Milk Application

Program Name: Special Milk

Program Year: 2014-2015

Name of SFA: _____

School Food Authority Contact Information

ADDRESSES

SPONSOR / SFA PHONE NUMBER

Main Phone Number: _____ Extension: _____ Fax Number: _____

PHYSICAL ADDRESS OF SPONSOR / SFA

Address: _____

City: _____ State: _____ Zip code: _____ Ward: _____

SPONSOR / SFA MAILING ADDRESS (ONLY IF DIFFERENT FROM PHYSICAL ADDRESS)

Address: _____

PO Box (If Applicable): _____

City: _____ State: _____ Zip code: _____ Ward: _____

Is mailing address the same as the physical address? ☐ Yes ☐ No

CONTACT PERSON

SPONSOR / SFA CONTACT PERSON

Program: _____

Contact Name: _____

Title: _____

Email: _____

Phone Number: _____ Extension: _____ Fax Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

SEND CHECK TO

Submit the address where the check should be sent:

Contact Name: _____

Title: _____ Email: _____

Phone Number: _____ Extension: _____ Fax Number: _____

Address: _____

City: _____ State: _____ Zip code: _____

Site Information Form – SIF (Complete one SIF for each site)

CONTACT INFO

PHYSICAL ADDRESS

Site Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Ward: _____

PHONE / FAX NUMBERS

Site Phone Number: _____ Extension: _____ Site Fax Number: _____

CONTACT PERSON ON SITE

Contact Name: _____

Title: _____ Email: _____

Address: _____

City: _____ State: _____ Zip code: _____

Ward: _____

MAILING ADDRESS OF SITE / PROVIDER / SCHOOL (if different from Physical Address)

Address: _____

City: _____ State: _____ Zip code: _____

Ward: _____

CLASSIFICATION

TYPE OF SITE

☐ Public School

☐ Private School

☐ Child Care

☐ Residential Child Care institution (RCCI)

☐ Public Charter School

LICENSE

Licensed School: Is this a licensed school?

☐ Yes ☐ No

License Types: Choose the license types that apply

License	Expiration or Issue Date	License Number	Renewal Requested?
BBL-site (Basic Business License – 112A)	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
CO-site (Certificate of Occupancy)	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
HI-site (Health Inspection)	_____	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

Site Information Form – SIF, cont.

MEAL SERVICE

Participation & Milk Service Times

	Estimated Average Daily Participation	Time Meals Service Begins	Time Meal Service Ends
Meal Type:			
Breakfast	_____	_____	_____
Lunch:	_____	_____	_____
Snack:	_____	_____	_____

OPERATING DATA

SMP Enrollment Data

Total number of children Enrolled _____

Program Participation

Hours of Operation From: _____ To: _____

Number of Days of Food Service:

Jan: _____ Feb: _____ March: _____ April: _____ May: _____ June: _____

July: _____ Aug: _____ Sept: _____ Oct: _____ Nov: _____ Dec: _____

Maximum Days per Year: _____ Maximum Days per Month: _____

Enrollment

Number of Children Eligible for Free Milk _____

Budget

FUNDING SOURCES

Federal Amount

Does your organization receive more than \$500,000 total for federally funded programs during the fiscal year?

☐ Yes ☐ No

If yes, provide a copy of current A-133 Audit Report. If the A-133 Audit is not attached, provide a detailed justification letter.

SPECIAL MILK COST

Milk: \$ _____ Labor: \$ _____ Supplies: \$ _____ Utilities: \$ _____ Total: \$ _____

Dairy Cost

What is your dairy cost for the following milks:

TOTAL ESTIMATED COST OF HALF PINTS OF MILK PURCHASED DURING A CLAIM MONTH: \$ _____

NUMBER OF HALF PINTS OF MILK PURCHASED FOR THE MONTH # _____

Participation

Attendance

Average Daily Attendance

Average Daily Student Attendance: _____

Enrollment

Enrollment Eligibility — Complete only if multiple site SFA.

Student Enrollment Indicate the total number of students enrolled at ALL participating schools: _____

Total number of children eligible for free milk: _____

Number of Schools/Sites Administered:

Provide the total number of schools/centers/sites, which the Sponsor/SFA administers: _____

PROGRAM PARTICIPATION

Head Start Program Does the sponsor/site participate in the Head-Start Program? ☐ Yes ☐ No

State Agency Program

Does the sponsor/site now participate or have you participated in programs funded through the State agency for nutrition programs in the past three years?: _____

General Information

LICENSES

License Type (**Sponsor Level License Information**) Choose the license types that apply:

License	(Expiration or Issue Date)	(License Number)	Is Renewal Requested?
BBL-site (Basic Business License – 112A)	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
CO-site (Certificate of Occupancy)	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
HI-site (Health Inspection)	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

TAX

Tax Exemption Status

Is this Sponsor/SFA Tax exempt under IRS Code 501 (c) (3)? ☐ Yes ☐ No

AFFIRMATION

RACIAL

Civil Rights – All School Food Authorities

Our institution will post the USDA Civil Rights Poster prominently at all sites. Please provide a breakdown of race for **staff and students** for the following:

Black: _____ American Indian or Alaskan Native: _____ Asian/Pacific Islander: _____ White: _____

Total: _____

AFFIRMATION

ETHNIC

Civil Rights – All School Food Authorities

Our institution will post the USDA Civil Rights Poster prominently at all sites. Please provide a breakdown of race for **staff and students** for the following:

Non Hispanic _____ Latino: _____ Hispanic: _____ Total: _____

SIGNATURES

Sponsor Signature

Date

State Agency Signature

Date

W-9
AND MASTER
SUPPLIER
INFORMATION
FORM

Office of the State Superintendent of Education
Wellness and Nutrition Services

PRE-AWARD CIVIL RIGHTS QUESTIONNAIRE

This questionnaire must be submitted as a part of the application packet from any agency/institution that has not previously participated in a U.S. Department of Agriculture child nutrition program in the District of Columbia. Failure to comply with this procedure will delay processing of the application. This questionnaire must be answered in its entirety and signed by the applicant's authorized official.

YES NO

1. Does your Institution offer benefits and services to all persons without regard to race, color, national origin, sex, age, or disability?
2. Has your Institution announced publicly (through the media, radio, television, newspapers, leaflets, etc.) that the benefits offered are available to all without regard to race, color, national origin, sex, age, or disability?
 - a. **Important:** If the answer is yes to the above, give date(s) when media were used and attach copies of any brochures, news articles, bulletins, etc. that are used by your agency for public notification purpose for our review.
 - b. If the answer is no to the above, is the institution willing to comply with the public notification requirement?
3. If you recruit, what method is used by your institution? Check the appropriate box(es):
Applications
Open Enrollment
Referrals (Social Welfare, Courts, etc.)
Other (explain)

4. Does your institution require membership in your institution(s) as a prerequisite for admission?
 - a. If yes is the institution open to all persons without regard to race, color, national origin, sex, age, or disability? If no, explain:

 - b. What is the name of the institution?

Definition of Racial/Ethnic Categories:

Racial Identities:

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos).

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, and the Indian Subcontinent. This area includes (for example) China, Japan, and Korea.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or other Pacific Islander: A person having origins in any of the original peoples of the Pacific Islands. This area includes (for example) the Philippine Islands and Samoa.

White: A person having origins in any of the original peoples of Europe, North America, or the Middle East.

Ethnic Identity:

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin regardless of race.

6. What is the composition of the area serviced by your agency/institution?

Racial Identities:

American Indian/Alaskan Native: _____ Asian _____ Black/African American: _____
Native Hawaiian/Pacific Islander: _____ White: _____ Other: _____

Ethnic Identities:

Hispanic: _____ Not Hispanic or Latino: _____

7. What is the population of eligible persons to be serviced? (Eligible persons are defined as those persons falling into the category or criteria used to select participants [e.g., age, low income, etc.]):

YES NO

8. Does your agency/institution currently have minorities participating?
If the answer to the above question is yes, give a breakdown of enrollment by racial and ethnic identity:

Racial Identities:

American Indian/Alaskan Native: _____ Asian _____ Black/African American: _____
Native Hawaiian/Pacific Islander: _____ White: _____ Other: _____

Ethnic Identities:

Hispanic: _____ Not Hispanic or Latino: _____

YES NO

9. Does your agency/institution currently have a planning or advisory committee?

- a. If yes, does this committee represent program participation by race, color, national origin, age, sex, or disability?
- b. Provide data showing the members of the advisory body by racial and ethnic identity:

Racial Identities:

American Indian/Alaskan Native: _____ Asian: _____ Black/African American: _____
Native Hawaiian/Pacific Islander: _____ White: _____ Other: _____

Ethnic Identities:

Hispanic: _____ Not Hispanic or Latino: _____

YES NO

10. Does your institution employ 15 or more persons?

- a. If yes, are minority persons employed?
- b. Provide data showing the number of **all** employees by racial and ethnic identity:

Racial Identities:

American Indian/Alaskan Native: _____ Asian: _____ Black/African American: _____
Native Hawaiian/Pacific Islander: _____ White: _____ Other: _____

Ethnic Identities:

Hispanic: _____ Not Hispanic or Latino: _____

- c. If the answer to a. is no, is your Institution willing to hire minorities?

11. Does your institution have a pending or approved application for federal assistance through other federal programs?

12. Has your institution ever been found in noncompliance with any civil rights requirements in the past two years?

- a. If yes, indicate the agency or court that found you in noncompliance.

- b. What was the reason(s) for the noncompliance finding(s)?

YES NO

- c. Is your institution now in compliance?

Signature of Authorized Official

Printed/Typed Name

Title

Institution Name

Institution Address

OSSE USE ONLY

Date: _____

Reviewed By: _____

Approved

Disapproved

POLICY STATEMENT FOR SPECIAL MILK PROGRAM

PRICING AND NON-PRICING

Name of School Food Authority _____

The School Food Authority has agreed to participate in the Special Milk Program.

The School Food Authority assures the Office of the State Superintendent of Education, that the school system will uniformly implement the following policy to determine children's eligibility for free milk (if applicable) in all schools under its jurisdiction. In fulfilling these responsibilities, the school food authority:

Agrees that there will be no physical segregation of, nor any other discrimination against any child.

Agrees that in the operation of Child Nutrition Programs, no child shall be discriminated against because of race, color, sex, age, disability, religion, political beliefs, sexual orientation, marital and family status or national origin.

Agrees to submit to the Office of the State Superintendent of Education any alterations in this policy statement prior to implementation. Such changes will be effective only upon approval.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the

information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

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SIGNATURE of School Food Authority Representative

(Date)

SIGNATURE of State Agency Representative

(Date)